MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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37	1					
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40		1				
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43						
44						
45	3					
46		1				
47						
48						
49		1				
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL						

	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
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TOTAL IND.						
TOTAL DEP.						
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16/2